

US PUBLIC HEALTH SERVICE

Federal Occupational Health

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

(Pursuant To The Privacy Act of 1974, 5 U.S.C. 552a, 29 CFR 1910.1020, and 42 CFR Part 2)

(The release of information about a patient who is treated or referred for treatment for alcohol or drug abuse, or the medical results of such abuse, is governed by the Confidentiality of Alcohol and Drug Abuse Patient Record Regulations, 42 CFR Part 2).

TO: ☒ **Federal Occupational Health** ☐ **Other**

Federal Occupational Health/U.S. Public Health Service
(name)

(address)

(Use health center stamp.)

You are hereby authorized to furnish information **from** the record of the individual named below which is in the record system of your facility, and release it **to**: (print or type - name, title and address)

ALL TESTS, ALL TEST RESULTS, AND ALL FORMS COMPLETED:	ONLY WORK-RELATED clearances, problems, or restrictions will be sent from FOH Medical Review Team to:
FOH Medical Review Team Federal Occupational Health Service 50 United Nations Plaza, Room 443 San Francisco, CA 94102	Peter Petch USDA / APHIS Safety Office 4700 River Road, Unit 124 Riverdale, MD 20737

1. Name of client or subject individual (print or type)

2. Agency

USDA / APHIS (Animal & Plant Health Inspection Service)

3. Purpose or need for the disclosure (please check)

- ☐ COMPENSATION CLAIM(S)
- ☐ OTHER HEALTH CARE PROVIDER
- ☐ ATTORNEY
- ☒ OTHER (specify)

4. Specify extent and nature of information to be disclosed for each purpose or need indicated, and SPECIFY inclusive **dates: from _____ to _____**.

ALL TESTS, ALL TEST RESULTS, AND ALL FORMS COMPLETED are to be released to the FOH Medical Review Team. After review, a letter indicating ONLY WORK-RELATED clearances, problems, or restrictions will be sent to the USDA/APHIS National Safety Office and the local USDA/APHIS Collateral Duty Safety and Health Officer.

This authorization is subject to revocation at any time except to the extent that DFOH or the other program specified which is to make the disclosure has already taken action in reliance on it. If this authorization has not been revoked otherwise, or has not expired in accordance with the terms of the duration statement provided above, it will expire upon the termination of the interagency agreement that authorized the services provided by Federal Occupational Health for the subject individual's federal employer.

Any person who knowingly and willfully requests or obtains any record concerning an individual from a Federal agency under false pretenses shall be guilty of a misdemeanor and fined not more than \$ 5,000 (5 U.S.C 552a(i)(3)); in the case of alcohol and drug abuse patient records, a falsified authorization for disclosure is prohibited under 42 CFR 2.31 and is punishable by a fine of not more than \$500 for a first offense or a fine of not more than \$5,000 for a subsequent offense, in accordance with 42 CFR 2.4.

5. Print Name of Client/Subject Individual:

6. If other than subject, indicate relationship or authority

7. Date of signature

8. Signature of Client/Subject Individual*:

9. Signature of Parent or Guardian, if minor*:

*A minor client/subject individual MUST sign if records to be released cover alcohol or substance abuse-related services.